

ST. LUCIA COOPERATIVE CREDIT UNION LEAGUE LTD.  
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**St. Lucia  
Co-operative League**  
*Strength in Unity.*

*St Lucia Co-operative  
League Ltd.*

## GROUP INSURANCE PLAN



[beacon.co.tt](http://beacon.co.tt)



**HOW TO CLAIM**

**OUT-OF-HOSPITAL TREATMENT**

The cost of doctor's visits, prescribed drugs, injections and other treatment received out of hospital will be initially borne by you and you will be reimbursed by Beacon up to the amount of benefit stated under the plan.

**IN-HOSPITAL TREATMENT**

If you wish Beacon to make direct payment to the hospital or surgeon, ensure that the appropriate assignment of Benefits on the claim form is completed by you and forwarded with all other documentation.

Written notice of loss must be given to Beacon within 30 days after the ailment of injury occurred and affirmative proof of loss must be submitted within 90 days from date of loss for which claim is made.

All claim forms must be duly completed and all relevant questions answered. Failure to comply with this policy condition will result in your claim being time-barred.

**SCHEDULE OF BENEFITS**

*(All benefits quoted in EC dollars unless otherwise specified)*

**HOSPITALIZATION BENEFIT**

Daily room and board	100
Maximum no. of days per Disability	31
Miscellaneous in-hospital expenses	1,500

**EMERGENCY ACCIDENT BENEFIT**

Maximum per ailment	300
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**SURGICAL BENEFIT**

Surgical maximum	1,500
Anaesthesia benefits	25%

**IN-HOSPITAL MEDICAL BENEFIT**

Maximum per visit	100
Maximum no. of visits per disability	31

**OUT OF HOSPITAL MEDICAL BENEFITS**

Maximum per office visit	100
Maximum per home visit	100
Maximum no. of visits per disability	31

**SPECIALIST CONSULTATION BENEFIT**

Maximum per visit	140
Maximum no. of visits per ailment	10

*Referrals from General Practitioners waived for Gynecological & Pediatrician visits for children up to age 5.*

**DIAGNOSTIC BENEFIT**

Maximum per disability	500
Major Medical per policy year	1,000

**PRESCRIBED DRUGS BENEFIT**

Maximum per Disability	500
Major Medical per policy year	1,000

**PREVENTATIVE CARE BENEFITS**

Maximum per calendar year	
Children's Immunization up to age two	200
Medical Examination	200
Pap Smear	50
Mammogram (females >35 years)	200
Prostate Test (PSA) (males > 40 years)	100

**MATERNITY BENEFIT**

Normal Delivery	1,500
Caesarean Section/	
Extra Uterine pregnancy	2,000
Miscarriage	750
Pre Natal	
(Included in Maternity Benefit)	750

**PHYSIOTHERAPY BENEFIT**

Maximum per visit	40
Maximum per disability	400

**SUPPLEMENTARY MAJOR MEDICAL BENEFIT**

Maximum Three year Benefit	175,000
Retiree Lifetime Maximum	100,000

**Deductible per calendar year**

(Individual)	100
Co-Insurance factor	80%-20%
Maximum no. of deductibles	3
Accumulation Period	12 months

**HOSPITAL ROOM & BOARD LIMIT**

Applicable Overseas (Non Caricom)	2,000
Applicable Elsewhere (Caricom)	250

**PSYCHIATRIC SERVICES**

Maximum per Treatment	50
Maximum per calendar year	1,000
Co-Insurance factor	80% - 20%

**AIR FARE BENEFIT**

(Treatment unavailable in St. Lucia)

Maximum per trip	3,000
Maximum no. of trips per calendar year	2
Co-Insurance factor	80% - 20%

*\*Exclusions for follow-up visits for treatment available in St. Lucia.*

**EMERGENCY AIR AMBULANCE BENEFIT**

Benefit per calendar year	US\$5,000
Maximum no. of trips per calendar year	2
Co-Insurance factor	80% - 20%

**DENTAL & VISION CARE BENEFITS**

**MAXIMUM BENEFIT PAYABLE PER POLICY YEAR FOR EACH MEMBER**

(a) Diagnostic, Basic & Major Restorative combined	1,500
(b) Orthodontic (Policy year)	500
(c) Orthodontic (Lifetime Maximum)	1,000
Deductible per Policy year	50

**Co-insurance percentage factors**

Preventative	80% - 20%
Minor Restorative	80% - 20%
Major Restorative	80% - 20%
Orthodontic Treatment	50% - 50%

**VISION CARE BENEFITS**

Maximum per calendar year	1,000
Deductible per calendar year	50
Co-Insurance Factor	80% - 20%

**THE GROUP LIFE INSURANCE PLAN**

**GROUP LIFE INSURANCE**

**VALUE**

Coverage per Employee	20,000
Coverage ceases at age 65	

*(cont'd overleaf)*

**ACCIDENTAL DEATH & DISMEMBERMENT**

**INSURANCE**

(Includes loss of use)

Coverage per Employee	20,000
24 Hour cover	

Cover terminates on the last day of the month in which the employee attains age 60.

If you are injured in an accident and within 90 days of the accident suffer death, dismemberment or loss of sight, Beacon will pay you or your beneficiary the Amount of Insurance benefit shown in the Table of Losses.

**AMOUNT OF BENEFIT**

The Amount of Insurance shown under the Table of Losses, is known as the "Principal Sum". The term "Principal Sum" means the amount of Group Accidental Death and Dismemberment Insurance benefit as shown in the Schedule of Insurance Benefits.

**TABLE OF LOSSES**

Description of Loss	Amount of Insurance Benefit
Loss of life.....	The Principal Sum will be paid to your beneficiary.
Loss of:	
two hands, or two feet, or the sight of two eyes, or one hand & one foot, or one foot & the sight of one eye, or one hand & the sight	
Loss of:	
An eye.....	The Principal Sum will be paid to you.
one hand, or one foot, or the sight of one eye.....	50% of the Principal Sum will be paid to you.

The total amount payable for all losses sustained in any one accident may not exceed the Principal Sum. Loss of hand or foot means dismemberment by severance at or above the wrist or ankle joint. Loss of sight means entire and irrecoverable loss of sight.

**Monthly Premium**

(Effective 1st June, 2016)

Member Only	\$106.52
Member + 1	\$175.52
Member & Family	\$274.52



## REQUIREMENTS FOR SUBMISSION OF A CLAIM

The procedures outlined below must be strictly adhered to in the best interest of all members concerned.

1. Employee's Statement must be fully completed (all questions answered) and signed by the employee and the spouse, if spouse is the patient.
2. Employer's Statement must be completed and signed by the Plan Administrator and stamped with the Policyholder's stamp.
3. Attention Physician's Statement (reverse side of medical form) must be completed by the doctor, giving details of the treatment and fees. It is necessary that the diagnosis, the name of the injection and drugs be clearly stated, as this is vital for settlement.
4. It should also be noted that the patient's name on the reverse side of all claim forms (medical/dental/vision) must always be stated by the attending physician/dentist/optometrist/ophthalmologist ONLY and NOT BY THE INSURED. Failure to comply with the foregoing will result in the claim(s) being declined.
5. A receipt must be submitted for drugs supplied or tests done by the doctor in excess of twenty-five dollars (\$25.00). Receipts must also be submitted for Anaesthetist's fees, Obstetrician's fee and all Surgical Procedures. Referral to a Specialist by the Attending Physician must be indicated on the claim form or in a letter.
6. The time limit for submission of a claim is ninety (90) days from the date of loss. If treatment must continue beyond this period, written notice must be submitted with full details.
7. Supporting receipts/bills must be attached showing the following detailed information:-
8. Hospital:- The number of days spent and itemization of all charges incurred during the period of confinement. Also a breakdown of the medications/drugs used with corresponding charges.
9. X-rays and Lab Tests:- Patient's name, name of referring doctor, date of service, type of procedures (itemized if there is more than one) and corresponding charges.

## REQUIREMENTS FOR SUBMISSION OF A CLAIM

- (iii) Drugs:- The patient's name, name of prescribing doctor, date, prescription number, the name of the drug (itemized if there is more than one) and the corresponding charges. This also applies to repeat prescriptions.
- (iv) Vision:- Date of examination and itemization of charges.
- (v) Dental:- Itemization of charges.

It is the responsibility of the employees to submit properly documented claims and failure in doing so, increases our administration workload and time spent in following-up such claims.

In many instances, we have to obtain additional information from Doctors, Nursing Homes, Pharmacies etc., which can be otherwise utilized in improving the services to others, who have taken time to submit properly documented claims.

Your co-operation on the foregoing would be greatly appreciated since poor loss results will inevitably be reflected in increased premium costs.

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*Ask about our special rates on Motor  
and Property insurance!*

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